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Office of Information unless it displays a valid OMB control number. Substitute for Form PTO-876 Application or Docket Number CLAIMS AS FILED - PARTI (Oolumn 1) (Column 2) SMALL ENTITY OTHER THAN QR **FPR** HUMBER FILED SMACL ENTITY BASIO FEE (37 OFR 1.16(a)) NUMBER EXTRA RATE FEE TOTAL CLAIMS RATE FEE (37 CFR 1.16(o)) THDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 20 = OR 300 X 🚛 minus 3 = OR X.1_500 MULTIPLE DEPENDENT CLAIM PRESENT OR x 1208 (37 OFR 1.16(d)) 200 "If the difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL OD (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OTHER THAN HIGHEST OR FINE REMAINING SMALL ENTITY NUMBER PRESENT AFTER AMENDMEI RATE PREVIOUSLY EXTRA ADDI: NO2 Tolal PAID FOR TIONAL RATE ADDI. Minus TIONAL Independent (31 CFR 1.16(b)) ũ FEE Minus Ä FIRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1. 16(0)) OR OB. TOTAL ADO'L FEE TOTAL (Column 1) OB ADDILFEE (Column 2) (Column 3) co. CLAIMS REMAINING HIGHEST ENDMENT NUMBER PRESENT AFTER AMENOMENT RATE PREVIOUSLY . Appr EXTRA Total promiting PAID FOR RATE TIONAL 4000 Minps LEE TIONAL Independent (37 cm 1.16(b)) Minús OR FIRST PRESENTATION OF MULTIPLE DEPENDENT GLAIM (97 CFR 1, 16(d)) OB OB TOTAL ADD'UFEE (Column 1) ΌR ADD'L FEE (Column 2) CLAIMS (Column 3) HIGHEST REMAINING ENT PRESENT NUMBER AFTER RATE PREVIOUSLY ADDI-AMENDMENT EXTRA Total-(27 CFR 1.16(c)) RATE PAID FOR TIONAL AMENDA ADDj. Minus-FEE TIONAL Independent FEE X 1 2 Minus OR X. \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (37 GFR 1.16(d)) ÖR OR. fil the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL "If the entry in column 1 is less than the entry in column 2, write v in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Michael Michael Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADD'L FEE TOTAL. OR ADD'L FEE

The 'Highest Number Previously Paid For' IN THIS:SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' [Total or Independent] is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the undertained and submitting the complete appropriate to the ISPTO. Time will vary depending transition and submitting the complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22010-1450, DO MOT SEND FEES OR COMPLETED FORMS TO THIS